

Request to Extend Additional Service Credit

State Form Number 49382 (R2/08-07-2002)

Date: _____

This will acknowledge that:

_____, Social Security number
_____, occupied the full time PERF covered
position of _____ from

_____ to _____. This
will further acknowledge that this employer accepts the liability for the above-referenced
service. We understand that this liability will be utilized by the actuaries of the Public
Employees' Retirement Fund (PERF) when calculating our PERF employer contribution
rate in subsequent years, and we also understand that this liability could cause our PERF
employer contribution rate to rise.

EMPLOYER

ACCOUNT NUMBER

SIGNATURES OF THE GOVERNING BODY (BOARD MEMBERS) OF THE EMPLOYER:

_____ Printed: _____	_____ Printed: _____
_____ Printed: _____	_____ Printed: _____
_____ Printed: _____	_____ Printed: _____